

Department of Labor and Industries  
Electrical Section  
PO Box 44460  
Olympia WA 98504-4460



## APPLICATION FOR AMUSEMENT RIDE OR AIR SUPPORTED STRUCTURE OPERATING PERMIT

**\$10.00 FEE PER RIDE DECAL ISSUED MUST ACCOMPANY COMPLETED APPLICATION**

Name:		Phone number:	
Firm name		FAX Number	
Address	City	State:	Zip + 4
		Email address	

RIDE	MANUFACTURER	SERIAL NUMBER	Corrections?	
			YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>
<b>IF CORRECTIONS HAVE BEEN NOTED, PLEASE ATTACH ALL INSPECTION REPORTS TO THIS APPLICATION</b>				

<b>NOTE:</b> An original copy of the insurance policy must be on the file with the Dept. of Labor & Industries, Electrical Section, before an operating permit can be issued	Applicant's signature
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### AMUSEMENT RIDE OR STRUCTURE CERTIFICATE OF INSPECTION

**INSPECTOR:** I hereby certify and affirm that on the date shown below I personally performed the mechanical safety inspection of the amusement ride(s) or structure(s) named above and found that the ride(s) or structure(s) meets the standards for coverage as required by Chapter 67.42 RCW.

Inspection date	Inspector's signature
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